



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
OFFICE OF SOLVENCY REGULATION  
PO Box 325  
TRENTON, NJ 08625-0325

TEL (609) 292-5350  
FAX (609) 292-6765

**2009 Self-Insured Motor Vehicle Status Report**

*(Please type or print clearly)*

Name of Self-Insurer: \_\_\_\_\_

Self-Insurance Certificate No.: \_\_\_\_\_

Corpcode: \_\_\_\_\_

Registration Plate Number	Type of Vehicle (Passenger, Van, Truck)	Vehicle ID Number (VIN)

***(Attach additional copies if needed)***